MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **333** Primary Registration District No. **3074** Registrar's No. **8**

-62-049228

STATE FILE NUMBER

1. PLACE OF DEATH — FILED JAN 7 1963

a. COUNTY **Scott**

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) **Sikeston**   Length of stay in 1b **5 days**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Delta Community Hospital**   Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri**   b. COUNTY **Mississippi**

c. CITY OR TOWN **Anniston**   Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) **None**   Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) — First **William**   Middle **F.**   Last **Seay**

4. DATE OF DEATH — Month **December** Day **31,** Year **1962**

5. SEX **Male**   **6. COLOR OR RACE** **White**   **7.** Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH **2/22/03**   **9. AGE** (last birthday) **59**   IF UNDER 1 YEAR Months / Days   IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer**   **10b. KIND OF BUSINESS OR INDUSTRY** **Farm**   **11. BIRTHPLACE** (City and state or country) **Arlington, Kentucky**   **12. CITIZEN OF WHAT COUNTRY** **U.S.A.**

13a. FATHER'S NAME **James Seay**   **13b. MOTHER'S MAIDEN NAME** **Unknown**   **14. NAME OF HUSBAND OR WIFE** **Eula Jackson Seay**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes WW 1**   **16. SOCIAL SECURITY NO.**   **17. INFORMANT** **Mrs. Eula Seay, Anniston, Missouri** Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *Cerebral vascular accident*   INTERVAL BETWEEN ONSET AND DEATH *3 days*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) *pneumonia acute*

PART III. If deceased was female was there a pregnancy in last 90 days   ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION   COUNTY   STATE

21. I attended the deceased from *Dec 28, 1962,* to *Dec 31, 1962* and last saw him alive on *Dec 30, 1962*

Death occurred at *7:35 A.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *W. L. Davis* (Degree or title) *MD*   **22b. ADDRESS** *Charleston Mo*   **22c. DATE SIGNED** *1-2-63*

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**   **23b. DATE** **1/2/63**   **23c. NAME OF CEMETERY OR CREMATORY** **W.O.W. Cemetery**   **23d. LOCATION** (City, town, or county) **East Prairie, Missouri** (State)

24. FUNERAL DIRECTOR ADDRESS **McMikle, East Prairie, Missouri**   **25. DATE RECD. BY LOCAL REG.** *Jan 4 1963*   **26. REGISTRAR'S SIGNATURE** *Jeanette Waldman*

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _Bruce R. Austin_
Signature of Student Embalmer

Licensed Embalmer No. _5149_

P. O. Address _East Prairie, MO._

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit received Dec 31-1262